

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SMC		6/6/00
O.I.P.E. CLASSIFIER	KJH		6/15/2000
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	59573	8-5-00	10-19-00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	10/29/00
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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18	✓
19	✓ ✓ ✓
20	✓ ✓ ✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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